

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-------------|-------------|-----------------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | <i>C.V.</i> | <i>0303</i> | <i>4-21-01</i> |
| FORMALITY REVIEW | <i>C.V.</i> | <i>0303</i> | <i>9/5/01</i> |
| RESPONSE FORMALITY REVIEW | <i>Rept</i> | <i>JCS1</i> | <i>09/08/01</i> |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|---------|
| 1 | ✓ | ✓ | 7/13/01 |
| 2 | 0 | 0 | |
| 3 | 0 | 0 | |
| 4 | 0 | 0 | |
| 5 | 0 | 0 | |
| 6 | 0 | 0 | |
| 7 | 0 | 0 | |
| 8 | 0 | 0 | |
| 9 | 0 | 0 | |
| 10 | 0 | 0 | |
| 11 | ✓ | ✓ | |
| 12 | 0 | 0 | |
| 13 | 0 | 0 | |
| 14 | 0 | 0 | |
| 15 | 0 | 0 | |
| 16 | 0 | 0 | |
| 17 | 0 | 0 | |
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| 21 | 0 | 0 | |
| 22 | 0 | 0 | |
| 23 | 0 | 0 | |
| 24 | 0 | 0 | |
| 25 | ✓ | ✓ | |
| 26 | ✓ | ✓ | |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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10-21-01
20-05-01